

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-041644**  
01-53-43

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 637

1. PLACE OF DEATH a. COUNTY <u>Boone County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Missouri</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		c. CITY OR TOWN <u>Mexico</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>University Med Center</u>		d. STREET ADDRESS (If outside, give location) <u>408 N. Missouri</u>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Eldon</u> Last <u>Zuck</u>		4. DATE OF DEATH Month <u>11</u> Day <u>12</u> Year <u>62</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-18-93</u>
9. AGE (last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborn</u>	
11. BIRTHPLACE (City and state or country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>Adrain USA</u>	
13a. FATHER'S NAME <u>William Zuck</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Austin</u>	
14. NAME OF HUSBAND OR WIFE <u>William Zuck</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>45 Mrs. Eldon Zuck, Mexico Mo.</u>		17. INFORMANT Address <u>Mexico Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>TETANUS</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Bronchopneumonia, due to Aspiration</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____	
21. I attended the deceased from <u>Nov. 10, 1962</u> to <u>Nov. 12, 1962</u> and last saw him alive on <u>Nov. 12, 1962</u> Death occurred at <u>10:30</u> A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Michael R. Richmond, M.D.</u> (Degree or title)		22b. ADDRESS <u>Univ. of Missouri Medical Center</u>	
22c. DATE SIGNED <u>Nov. 12, 1962</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	
23b. DATE <u>11-15-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>East Lawn</u>	
23d. LOCATION (City, town, or county) <u>Mexico Mo</u>		23e. STATE <u>Mo</u>	
24. FUNERAL DIRECTOR <u>Pruck-Houston, Mexico Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 12, 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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MAY 22 1963

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Earl F. Quirk

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.